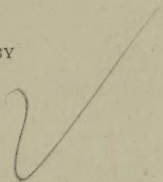


ENGELMANN (G. J.)

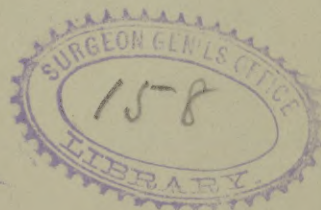
CLITERODECTOMY.

BY



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CLITERODECTOMY.

BY GEORGE J. ENGELMANN, M.D.,

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Since the erratic genius of Baker Brown sought the relief of all troubles to which woman is heir in the removal of an apparently insignificant organ; since this able, independent, but eccentric surgeon in his enthusiasm prostituted an occasionally valuable and desirable operation, cliterodectomy has been ignored, abandoned, and as completely erased from the list of the many, and by far more daring, operations now practiced upon the female pelvic organs as the name of its originator has been stricken from the roll of British surgeons by our unforgiving brethren of the sea-girt islands. This far-seeing surgeon, grasping the importance of reflex action in female suffering, and knowing the importance which this apparently insignificant part exercised upon the female system, fancied that it was the source of all suffering, and naturally expected relief from its extirpation. His enthusiasm carried him too far, and led to such unprofessional practices that he received the just censure of the profession, and the vulgarity (as it was then called) of the operation and the crime he committed by *unsex*ing women

brought down upon his head a storm of merited indignation so severe that the operation died out and has not yet been revived, although it can not be denied that there are certain cases in which it is a justifiable procedure.

How remarkable the change which has occurred within the past few years! Such have been the advances made by gynecological surgery that the very surgeons who exiled an able brother for *unsexing* women in this harmless way have, after a thoughtful pause, now freely accepted the bolder, more dangerous, and far more important operation recently given to the world by Robert Battey, one of our own independent, thinking surgeons.

Notwithstanding the progress of gynecic surgery, Baker Brown's operation has not yet recovered from the blow it received; the enlarged clitoris of course is amputated when it gives annoyance by its size, but this I would not call cliterodectomy—Brown's operation. Baker Brown grasped the importance of reflex nervous action with its seat in the female sexual organs, but unfortunately, like all enthusiasts, placed too great a stress upon it. His operation is the removal of the clitoris as the cause of female suffering, the seat of a reflex neurosis. Such cases are so rarely met with that the operation has been practically abandoned; but as it has been my good fortune to see a case which I deem to the point, I will briefly relate it. It is, however, I must say, the only case of the kind which I have ever encountered, and I cite it in order to call attention to the subject and elicit the opinion of those of larger experience whose dictum we may accept as final. I will briefly relate the leading facts as I find them in my case-book. Under date of February 25, 1880, is the following entry:

The patient, Mrs. M., of Herman, Mo., placed under my care by Dr. Ettmueller, is fifty-two years of age, born in Germany. During childhood she suffered a great deal from headaches; first menstruated at the age of sixteen, and continued profuse but regular; married at twenty-two, and bore eleven children—the last eleven years ago, in her forty-first year. Of these, nine

are still living. She was always nervous, and easily flushed by any worry or nervous excitement; rather passionate in her marital relations, although rarely seeking connection.

A little over six years ago, at forty-six, the menstrual flow appeared every two or three weeks. This continued for nearly a year, when it ceased for a period of three months, returning after another cessation of three months to disappear entirely after a profuse flow.

After the menopause, which occurred five years ago, in her forty-seventh year, she was much more excited than formerly by sexual intercourse, and now eagerly sought connection, which she had never done before. The sexual organs were in a hyperesthetic, hyper-sensitive condition, and each coitus was followed by a nervous attack and insomnia. Delicacy prevented her informing her husband of this until her condition became almost unbearable, when he abstained altogether. This was three years ago. These nervous attacks, which came at intervals always after coitus, she describes as emanating from the external sexual organs, beginning with a feeling of fullness, a rush of blood to those parts, the sensation passing from the vulva to the back, and along the spine to the occiput; then came crying spells, culminating in an attack of melancholia. She admits having masturbated, but claims that it was only for a brief period.

The sufferings of the patient, inaugurated by the cessation of the menstrual flow, were slight at first, and "pointed to a hyperesthetic condition," to quote the statement sent me by her attending physician—"flimmern vor den Augen—a feeling of fear, twitching of the muscles, *pruritus vulvæ et vaginæ*, an unsteady, trembling gait, dizziness and heaviness of the head, restlessness, and at first insomnia. The attacks would last for weeks at a time, the symptoms, mild at first, growing rapidly worse day by day, and culminating in a terrible condition of despair and weariness of life, which suddenly disappeared to make way for a brief period of comparative comfort, lasting for one or two weeks, during which certain of her troubles persisted, but in a greatly reduced and bearable degree. These constant

symptoms are: 1. *Pruritus vulvæ*, and in the earlier stages of her suffering also *pruritus vaginæ*. 2. A 'surging of blood' from the external sexual organs to the spine and occiput, ending in cerebral congestion, but not passing off with profuse perspiration, as had formerly been the case. 3. Hepatic congestion, as proved by dry, coated tongue; pasty, bitter taste; slight yellowish discoloration of the skin; and an occasional vomiting of a bilious fluid;* neither diarrhea nor hemorrhoids."

Dr. E. looked upon these troubles as due to the sudden cessation of the menstrual flow, and recommended cold baths and spinal douches, together with the local application of astringents and narcotics to the external sexual organs. His directions were not very closely followed, and, moreover, a cruel blow had been dealt the sufferer by a consulting physician who pronounced the case hopeless, so that her condition now became more desperate than ever.

I first saw the patient February 25, 1880, and found her quite a tall, healthy-looking brunette with bronzed features, weighing some hundred and fifty pounds, with an anxious, nervous manner. The patient came to me on account of her wretched and hopeless condition. She complains of those nervous attacks originating in the region of the clitoris, rising upward and causing intense nervousness, culminating in melancholia; inability to work; trembles violently as soon as she attempts it; can sew only for a short time now and then. Her eyes also are affected. The feeling of fullness and the nervous sensations in the womb which were formerly experienced have now entirely passed away; so also the extreme costiveness of the first years has left but few traces. Her appetite is poor, the stomach in a wretched condition; tongue much furred, although now better than formerly; eyes restless, often dim, sad. General health better than during the early stages of the disease. In fact, all the symptoms have improved under the treatment of Dr. Ettmueller, her conscientious attendant. The intense vulvitis and vaginitis which once existed has almost entirely passed away;

* I considered these symptoms reflex.

but her inability to undertake any work, to undergo the slightest mental or physical strain, her nervousness, and the recurrence of the attacks have made life so much of a burden to her that she has repeatedly contemplated suicide; and this in the face of a loving family, with comfort and plenty surrounding her.

The examination revealed an irritated vulva, a lacerated perineum, carunculæ myrtiformes neither enlarged nor especially sensitive, but congested; the nymphæ, as well as the clitoris and its prepuce, were very much enlarged; the nymphæ, once swollen, were now thin and flabby; an intensely disagreeable nervous sensation, identical with that which precedes each attack, was produced at will by touching the end of the clitoris with the probe—an experiment which invariably succeeded, and naturally caused me to look upon the clitoris as the source of all evil. At the urethral orifice I found a slight elongated elevation, which was not at all sensitive to the touch; while the small carunculæ which abounded in the urethra responded very decidedly, being sensitive and aching when touched; but this was a simple, well-defined feeling of pain; no nervous sensations followed at any time. This I repeatedly tested, but never found the carunculæ to respond to an insult as the clitoris did; I never discovered the slightest nervous connections. The vagina was flabby and partially congested. Uterus seven centimeters in length, retroverted, with a perfect and apparently normal cervix. Some constipation, but no pain or discomfort of any kind in micturition.

The attention I had given to the hystero-neuroses led me at once to recognize these symptoms as reflex, and originating, to my mind, in the urethra and clitoris. I therefore proposed the removal (1) of the urethral carunculæ, as the simpler operation, which, moreover, might prove all that was necessary, and (2) of the clitoris and nymphæ; and while the family were considering the matter I gave bromide of potash and Friederichshaller Bitterwasser, with carbolized oil of hyoscyamus as a local application to the parts.

I must confess that notwithstanding all denial I have always suspected a continuance of the practice of masturbation.

March 3, 1880. With the patient under chloroform, which she bore badly, I removed some small carunculæ from the urethra as well as the external excrescence surrounding the urethral opening, and some red and irritated bands which appeared to me to be portions of the carunculæ myrtiformes. Inside of the urethra I used the scoop, and completed the operation with applications of nitric acid, while the external applications were made with liq. ferri sesquichlorat., and the dressing internally and externally with carbolized oil.

I need say nothing with regard to the progress of the wound, which was as good as could be expected, but will relate the effect of the operation upon her condition:

Upon the day after the operation she told me that she suffered decidedly less from nervous irritability and those morbid congestions which arose from the parts. A gradual and steady improvement followed, without any discomfort except the slight inconvenience in passing water, which also soon ceased; yet some show of blood was to be seen on the cotton dressing two weeks after the operation.

On the 22d the wound was in such a condition that I determined to remove the nymphæ and clitoris on the 26th, so satisfactory and encouraging was the result of the first operation, clearly pointing to a local origin of the serious nervous disturbance which annoyed the sufferer. She could now remain quietly in bed and with perfect comfort, while before the operation she could never lie in her bed in the daytime, on account of the nervous flushes and the uneasy feelings which would at once seize upon her in the recumbent position. She can now apply herself to some light work; can fix her attention for a short time; has lost that dizziness and uneasiness; she can walk without becoming unsteady; in short, has lost many of those annoying nervous symptoms which have so long haunted her. The hot flushes, however, remain, but apparently somewhat less severe.

March 26, 1880. Cliterodectomy and removal of the nymphæ with the assistance of Drs. Schenk, Nelson, Thompson of Ten-

nessee, and Engelmann, sr. The hypertrophied nymphæ were removed with the scissors, and the bleeding was readily checked by five sutures on each side and a small bulldog forceps clasp- ing an ungovernable point. The preputium clitoridis was seized by an assistant with forceps and drawn upward and forward; then the prepuce itself was incised below the clitoris in the median line, and then the clitoris being seized with forceps was drawn forward, and after incising the borders the prepuce was separated from the clitoris by peeling it out with the handle of the scalpel until exposed almost to the symphysis. There was no hemorrhage. The organ—almost an inch in length—was cut off close to the bone with scissors; then a copious hemor- rhage set in, which was partially stopped by pressure with the fingers; and as this would not answer, iron-cotton, which readily checked the bleeding, was packed into the opening, followed by a layer of absorbent cotton saturated with ten-per-cent carbol- ized oil, and this was covered by a quantity of cotton held in place by a T-bandage.

During the afternoon Mrs. M. complained of severe pain and headache, the latter being either one of her usual attacks or due to the chloroform which she had borne badly. Upon the day following the operation she suffered greatly from headache and vomiting of a bilious fluid. There were no symptoms of fever, but a decided increase of her nervous flushes. These were almost constant, and her face was red, her headache unremit- ting, and neither headache nor pain as of old ceasing after the vomiting of mucus. Now it was more a bilious, and not a mu- cous vomit.

March 28th, the second day, the dressing was removed, and the iron-cotton, which was black and very offensive, with shreds of necrotic tissue adhering to it, replaced by cotton saturated in carbolized oil. The prepuce was thin, and seemed to lack the necessary vitality; I should have made no attempt to save it. Opium was given for pain, morphine with aqua amygdalarum amararum for nausea, and the catheter was used twice a day. Vomiting ceased and the flushes decreased somewhat.

Easier on the third day.

During the first three days after the operation patient did not feel the wound unless during the use of the catheter; suffered no pain; but during this entire time she was almost constantly flushed and in profuse perspiration, with a pulse of 92, but a temperature hardly above the normal. Her appearance and condition was one simulating fever, but it was the rapid recurrence of her long-continued and formerly intermittent suffering—merely a continuance of those symptoms for the removal of which the operation had been performed. A pleasant outlook for the operator—those flushes beginning in the wound, passing up the spine, and settling in the back of the head, and followed by profuse perspiration as when they first made their appearance. All these symptoms existed in an excessive degree, probably owing to the irritation caused by the cutting of the offending nerves.

To my intense relief, on the fourth and fifth days these symptoms began to decrease, and grew gradually less until they had almost entirely disappeared on the tenth day, with the foul and bitter taste in the mouth which had annoyed her for so many years. The stool had been regulated by the use of simple enemas.

On the fifth day the black, mortified prepuce was removed. The wound was still dressed twice a day and cleansed with carbolyzed glycerin (one to ten) before applying the oiled cotton.

April 1st, the seventh day, the dressing caused intense local pains, which continued during the day, and terminated at 8:30 P.M. in a profuse hemorrhage, which began as she herself was cleansing the wound. It would have terminated fatally had I not accidentally come for my delayed evening visit. It was so profuse that much mischief had been done in the few moments of the rush. The bleeding began as she heard me entering the house. It was difficult for me to find my way in the dark, and she was anemic before I could hurry to the bedside and compress the bleeding surface. Iron-cotton and opium checked the hemorrhage permanently, but caused great pain throughout the night.

The plug was not disturbed for three days, and with it much dead tissue from the entire border of the wound was removed. Then for the first time I saw a free formation of pus. Two days later—April 5th—the wound was suppurating freely and granulating nicely, while no more decaying and offensive tissue was to be found. Labia granulating at the upper angle, which had not united; below the union was perfect, the sutures being removed on the fifth and tenth days.

Flush and perspiration occasionally appeared in a very slight degree. A trace of the bad taste in the mouth also remained. Her appearance was improved, and she felt well and not at all nervous. Her appetite was good, and she slept well, but was annoyed by a pricking pain in the borders of the wound which she had experienced for several days.

These details are, I trust, pardonable, as showing the dangers of this now somewhat unusual operation.

The urethral wounds did well, healing readily with the usual appearances. The large raw surface, a funnel of perverse, slowly-mending tissue beneath the symphysis, began to granulate slowly, but in a healthy way. After injury done by the last hemorrhage had been restored she micturated without difficulty, sat up, even moved about, ate heartily, dressed her wound herself, and really needed no more attention. Feeling so well, Mrs. M. was anxious to return home; and although I was anxious to guard and observe her nervous and mental condition, I permitted her to leave three weeks after the operation.

Favorable reports were constantly sent me by her attentive physician, and she finally consented to complete her convalescence by a series of sea-baths, ending with a short stay in the mountains, which I deemed essential as invigorating both mind and body, and affording distraction and rest without enforced idleness, which would have been a trial to her active mind in that busy, working family. The result can best be told by quoting the letter written me soon after her arrival, on the 17th of September, 1880. Owing to my absence on my summer vacation I did not see her when she called at my office

during the first days of September, in passing through St. Louis on her return home. "I feel comparatively well," she says, "and am again able to attend, in some measure, at least, to household duties, which is a source of great pleasure to me, as I am no longer condemned to idleness. I am not as yet entirely well. The rush of blood is still quite annoying, and the nervous sensations also make themselves felt occasionally—both, however, in a very mild degree as compared with their former intensity. I hope for the best, and have every cause to be well contented with my present state as compared with my original very desperate condition."

Satisfactory reports reached me occasionally until midwinter, when the entire series of complaints began to increase in intensity, and when spring came Mrs. M. was again in about the same condition as when I first saw her before the operation. The congestion or rush of blood, indicating the beginning of an attack, now had their origin in the cicatricial tissue in place of the removed clitoris—a sensation which she distinctly feels and recognizes as indicative of the coming distress. If her sufferings were not quite as severe, her mental condition was worse, if any thing, notwithstanding the perfect success of the operation.

When I saw patient, early in April, I again noted the same congested and ecchymosed condition of the vulval mucosa; the cicatrix, marking the line of removal of nymphæ and clitoris, was perfect, but the urethra was again filled with carunculæ. An operation being again assented to, I removed these growths thoroughly for the second time. Among the gentlemen who kindly assisted me were Drs. Schenk, Prewitt, and Nelson; and I believe they will agree with me in the statement that I removed every excrescence to be seen or felt after most thorough dilatation. The base was again freely cauterized, and the patient left with a tampon of cotton and carbolized oil *in situ*.

She again rallied readily from the effects of the operation, and during the entire period of five weeks which she remained under treatment I cauterized those portions of the urethra which seemed affected, as well as the vascular and inflamed portions of

the labia and the vulval mucosa. The latter disappeared, and all her symptoms were lessened in severity.

After remaining under treatment some five weeks Mrs. M. again returned home in an improved condition. She was in a much better frame of mind, less nervous, and afflicted less frequently and less severely by those terrible cerebral and spinal congestions. The close confinement had somewhat weakened her, but I was in hopes that the physical improvement which would readily come upon her return would be followed or accompanied by a still greater amelioration of the nervous suffering.

From letters recently received (November 20, 1881) I see that I was at fault. She gradually returned to the same state of nervous prostration and suffering, and is now said to be in about the same condition as before the operation. The cause of this unfortunate relapse is to be found—I am confident, although it is not acknowledged—in continued masturbation. What else should have caused the enlargement of the clitoris, the elongation and pigmentation of the nymphæ, the irritation and congestion of vagina and vulva as it appeared when I first examined the patient? The removal of clitoris and nymphæ by the first operation did away with an important source of irritation, and the long-continued applications and dressings which remained upon the parts, as well as the constant presence of a nurse, prevented a resumption of the unfortunate habit. I consider the operation a success, and firmly believe that if the patient had remained under close observation a longer time the craving would have passed completely away and vigorous health would have returned; but this, although within reach, was not attained. The habit was, I believe, resumed, as indicated by the return of the nervous disturbance and more especially of the congested and peculiarly-irritated appearance of the mucous lining of the vagina and vulva, so totally different from the pale, pinkish color common to the shriveled organs at that time of life, and more so when sexual intercourse is abhorred. The appearance of the parts can be explained upon no other hypoth-

esis than that of a resumed masturbation, which would also account equally well for the nervous disturbance.

I have cited this case not to record a brilliant therapeutic or operative result, but, as before remarked, to call attention to an operation as unjustly exiled from the number of the many now accepted as it was once improperly overdone; and also in the hope of calling forth the opinions of others and securing a resort to this simple and promising procedure in justifiable cases; for I believe that as our knowledge of the various *neuroses* and of *reflex* suffering progresses a certain well-defined though exceedingly limited field will be accorded to Baker Brown's long-forgotten operation.

ST. LOUIS, MO.

